



MaMoni

Integrated Safe Motherhood, Newborn Care, Family Planning Project

<p><i>A community MicroPlanning meeting in Bahubal, Habiganj</i></p>	<p><i>In community microplanning meetings, MaMoni volunteers sat together with MOH&FW staff to reach the following between Oct-Dec 2012:</i></p> <ul style="list-style-type: none">• 9,771 mothers who did not receive ANC• 4,530 mothers who needed misoprostol• 5,580 mothers who needed Vitamin A• 1,134 children due for immunization• 2,179 women who needed TT vaccination <p><i>Without the help of these volunteers, it would have been challenging for frontline health workers and service providers to reach mothers and children in time with critical health and FP services</i></p>
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Quarterly Report

October 01, 2012-December 31 2012

Submitted
January 31, 2013

List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACPR	Associates for Community Population Research
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CG/CCMG	Community Group/Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
TBA	Traditional birth attendant
WRA	White Ribbon Alliance

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A. Introduction

MaMoni – Integrated Safe Motherhood, Newborn Care and Family Planning Project accomplished several milestones in first quarter of FY'13, the final year of implementation. New partnerships were formed to complement and enrich MaMoni activities. The associate award of MCHIP also leveraged a significant amount in cash and kind through these partnerships.

In Habiganj, MaMoni made great progress in expanding services, monitoring quality of interventions, strengthening government MIS through community participation, and setting up referral systems at communities.

This report highlights the key activities between October and December 2012.

B. Highlights of Accomplishments in 1st Quarter

- Strengthening of MIS through *community MicroPlanning*
- Successful incorporation of IYCF within MaMoni package
- Procurement of calcium and magnesium sulfate for prevention and management of PE/E
- New 24/7 delivery centers introduced

C. Key Activities

Key Achievements are presented below by project sub-objectives -

Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home

Summary of Training activities in the first quarter of FY'13

Training	Days	No	Participants
Emergency Triage and Treatment for newborns (ETAT)	05	21	Nurse, Paramedic
MNHFP&N module 2 training	05	26	HA, AHI, HI, CHCP FWA, CHW, FSO, TO
Depot Holder	1	101	CV, TBA, Village Doctors, Shopkeeper
Community Volunteers Orientation	1-3	1,527	Community Volunteers
Community Volunteers Refresher- Orientation	1	3,866	Community Volunteers

MaMoni package delivered at household level by community based workers

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level. The following figure shows the trend of antenatal care in

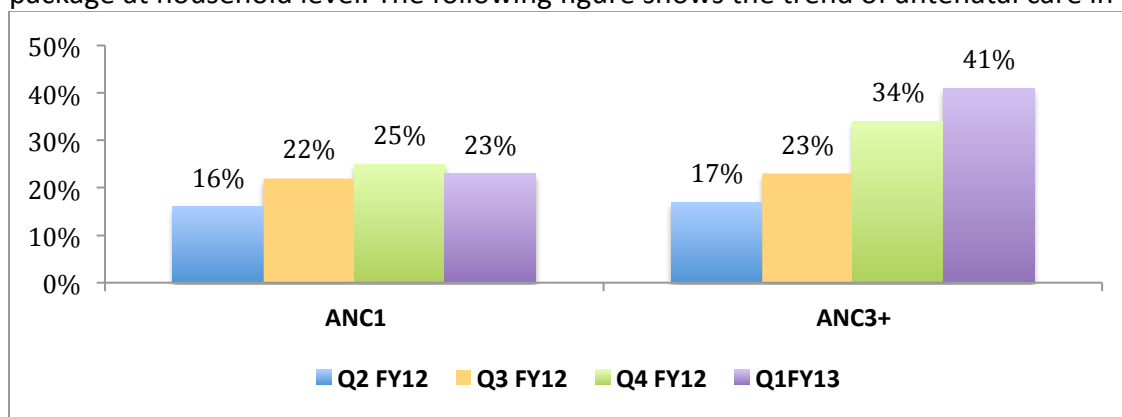


Figure 1: ANC achievements against target in the last four quarters

As can be seen in the previous figure, ANC3+ has been increasing steadily against target. In the month of January, a new geographic reconnaissance (GR) will be conducted and also the FWAs have been instructed to update their new registers by household visits. As a result, account of the target population may change, and might affect the next quarter results.

MaMoni has been working with FWVs, volunteers, C-SBAs and outreach workers to increase demand for antenatal services, and ensure that the services are closer to home. The following figure shows the number of satellite clinics in the past two quarters. Because of Eid and Puja holidays, some of the satellite clinics did not take place in October and November, but in December those clinics were organized and held.

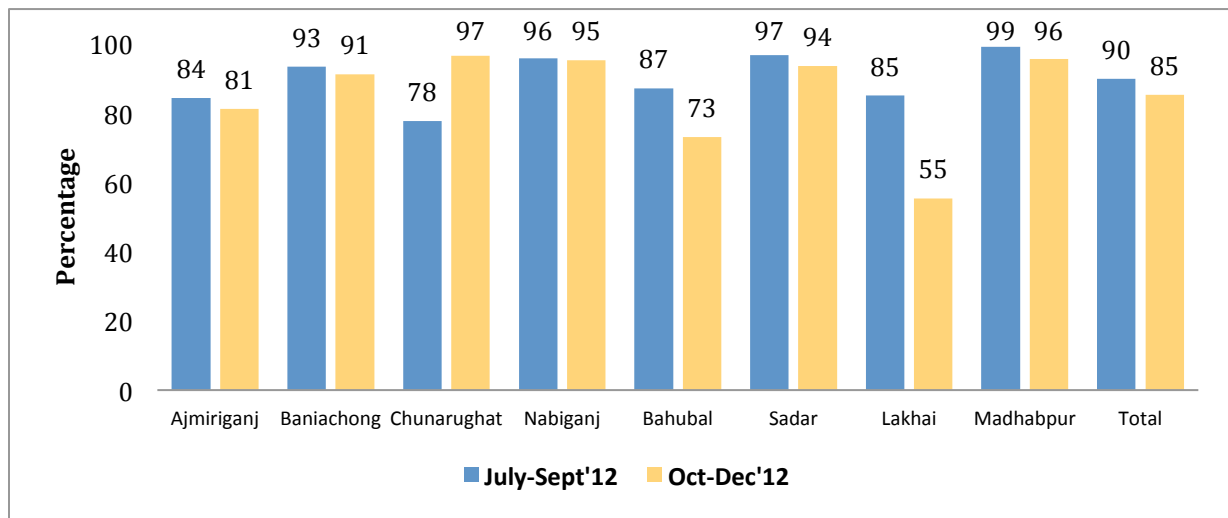


Figure 2: Percentage of satellite clinics organized against plan in the past two quarters

A persistent issue for the satellite clinics has been the absence of SACMOs in some of the unions. If a SACMO position is vacant in a union, 50% of the satellite clinics are dropped from the target, as the FWV is expected to remain more in the health facility. The MOH&FW has recruited new SACMOs in 2012, but in Bahubal and Madhabpur unions, these vacant positions are continuing. Lakhai upazila has been a special challenge, as several FWV positions are still vacant, and affecting satellite services. MaMoni is working with DGFP to address these vacancies immediately.

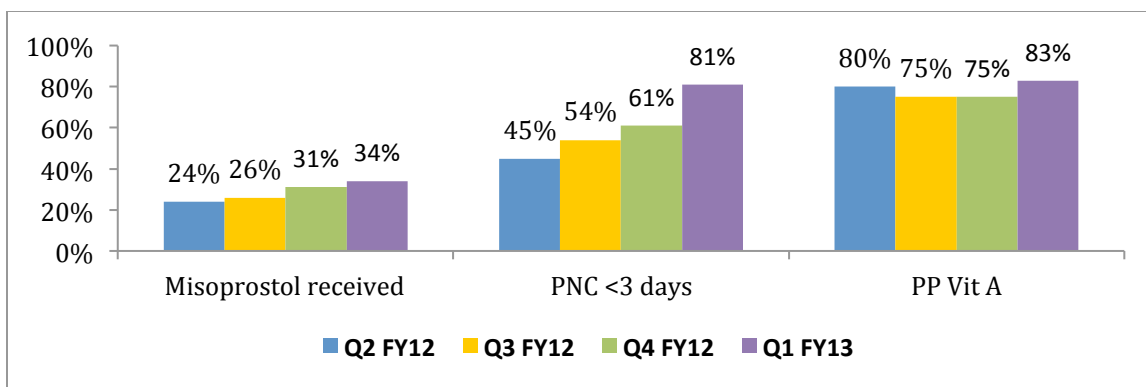


Figure 3: Continuum of care for MNH in Habiganj in last four quarters

MaMoni has taken special initiatives to increase misoprostol distribution at household levels. MaMoni's strategy is to provide misoprostol during antenatal care in the third trimester. As the ANC3+ data shows in figure, there are significant constraints in reaching mothers with misoprostol in the third trimester, only 41% mothers (against target) received a three or more ANC in the last quarter. MaMoni is supporting FWAs and HAs to identify mothers who did not receive ANC and provide them misoprostol at home.

Integration of Nutrition through collaboration with Alive & Thrive and FANTAIII

MaMoni, through support from Alive and Thrive project of FHI360, has trained all outreach workers on infant and young child feeding. The following two figures show, in numbers, the mothers who have received messages on exclusive breastfeeding and complementary feeding through outreach workers.

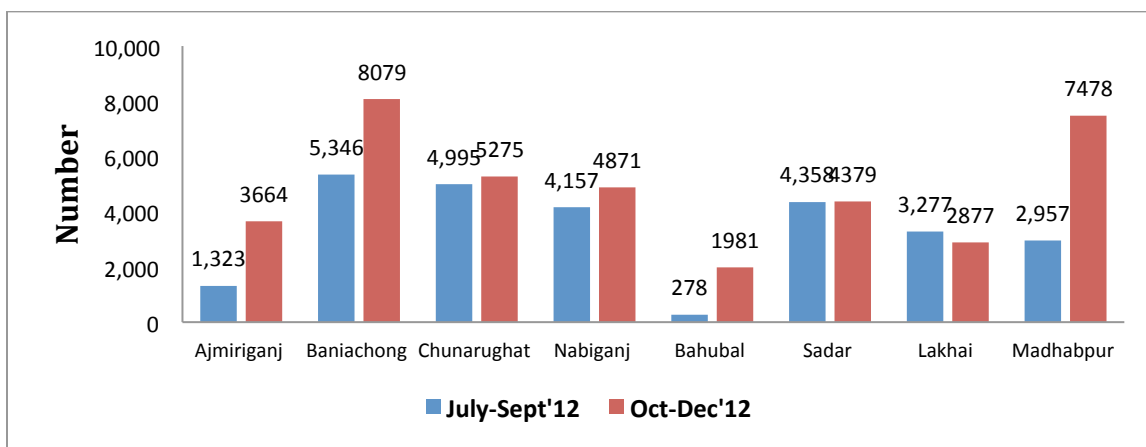


Figure 4: Household based counseling on exclusive breastfeeding by outreach workers

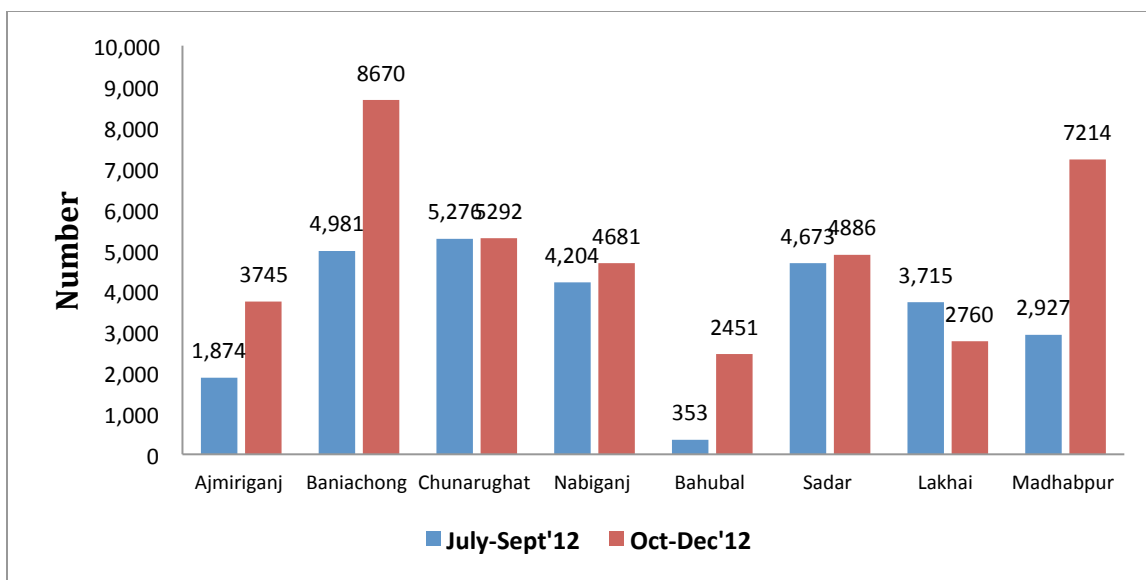


Figure 5: No of mothers counseled on complementary feeding at household level

MaMoni is working with ICDDR,B and A&T to determine the indicators on IYCF for the endline survey, expected to be conducted in the fourth quarter of FY'13.

Figure 6: MaMoni-FANTA III collaboration for IFA launched

MaMoni collaborated with FANTA III and IPHN to launch a special effort to strengthen uptake of IFA by postpartum mothers in Madhabpur upazila. Under this initiative, postpartum mothers will receive IFA supplementation through PNC visits. If found successful, the program will be scaled up in the rest of the district.

Objective 2: INCREASE APPROPRIATE AND TIMELY UTILIZATION OF HOME AND FACILITY-BASED ESSENTIAL MNH AND FP SERVICES

Improved Quality of MOH&FW facility based providers to deliver MaMoni package

MaMoni has undertaken special efforts to increase skilled attendance at birth and ensure newborn care. The following figure shows that the effort is somewhat working.

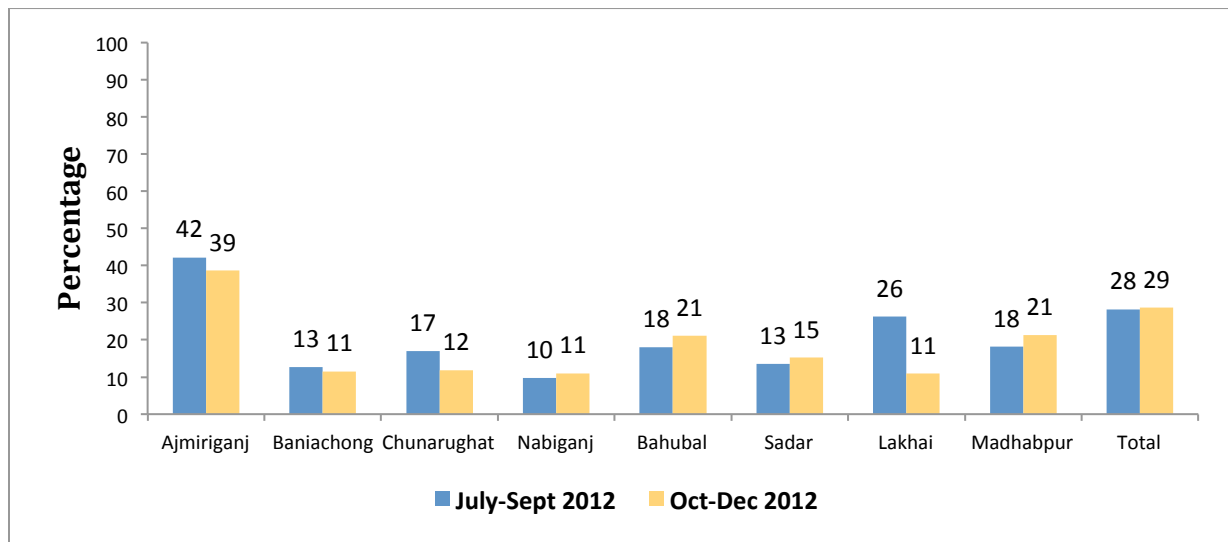


Figure 7: Percentage of deliveries in health facilities against projected number of deliveries

MaMoni, through collaboration with MCHIP/HBB project, IMCI section of DGHS and BSMMU has been training delivery attendants at health facilities on neonatal resuscitation (through HBB) and sick newborn management (ETAT training). As facility deliveries increase, MaMoni is working to ensure that the newborns also receive the proper care at birth.

Collaboration with EngenderHealth and OGSB to identify and manage pre-eclampsia/eclampsia at community level

MaMoni has procured calcium tablets and injectable magnesium sulfate from third party donation to begin intervention to prevent and manage PE/E in Sadar, Lakhai and Chunarughat upazilas from February 2013.

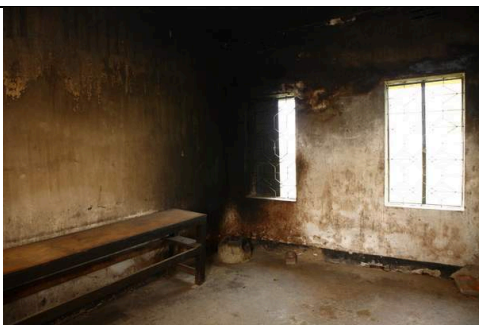

The Training of Trainers (TOT) is completed for FWV and paramedics, and the training will rolled out in January 2013. The implementation has been delayed because of obtaining necessary buy-in from DGHS and DGFP.

Facilities strengthened to deliver MaMoni package

MaMoni completed renovation of two new UH&FWCs of Baniachang upazila, Daulatpur and Khagaura. Normal delivery services are expected to begin from January 2013.

Table 2: Summary of MaMoni's facility renovation work in the first quarter

Facility	Upazila	Completed	Activities	Funding
Daulatpur UH&FWC	Baniachang	December	Normal delivery services strengthened Staff quarter renovated	KOICA, SC Korea
Khagaura UH&FWC	Baniachang	December	Normal delivery services strengthened Staff quarter renovated	KOICA, SC Korea
Ajmiriganj UHC staff quarters	Ajmiriganj	December	Nurses quarters renovated	SBS

Before	After
	
Delivery room in Daulatpur	Delivery room in Daulatpur

	
Abandoned staff quarter Daulatpur	Staff quarter under renovation
	
Ajmiriganj nurse quarter Jan 2012	Ajmiriganj nurse quarter Dec 2012
	
Balcony and common area	Balcony and common area
	
Khagaura UH&FWC	Khagaura UH&FWC

Figure 8: Renovation work of MaMoni

Private C-SBAs to increase skilled attendance at birth in Ajmiriganj, Baniachang and Nabiganj

MaMoni completed second batch of private C-SBA training in December 2012. Total 17 participants from Baniachang and Nabiganj received certificates from Bangladesh Nursing Council. MaMoni will begin third batch of training from February 2013.

14 pCSBAs of Ajmiriganj has been providing ANC, PNC and delivery services in their community. Their performance is as follows:

- Antenatal care:
 - ANC1: 314, ANC2: 402, ANC3: 376, ANC4: 294
- Delivery: 101
- Referral: 27
- FP Method : Pill- 1646, Condom- 1981,
- Postnatal care:
 - PNC1 (24 hours): 244, PNC2 (3 days): 238

Objective 3: INCREASE ACCEPTANCE OF FP METHODS AND ADVANCE UNDERSTANDING OF FP AS A PREVENTIVE HEALTH INTERVENTION FOR MOTHERS AND NEWBORNS

FP incorporated into household and community mobilization activities

MaMoni supported DGFP in updating the FWA registers with new eligible couples. The following figure shows the breakdown of 352,261 registered in different upazilas.

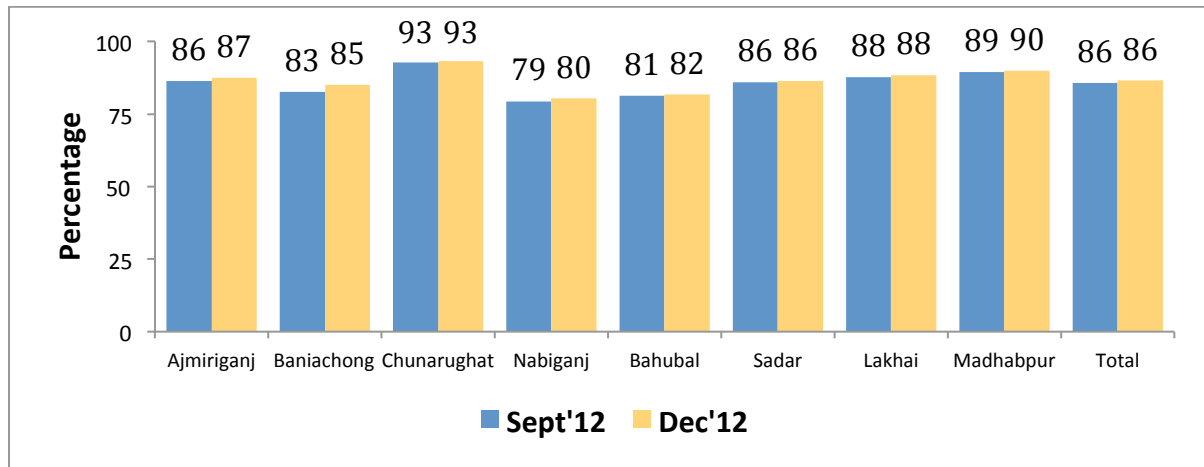


Figure 9: Percentage of Eligible Couples registered against projection

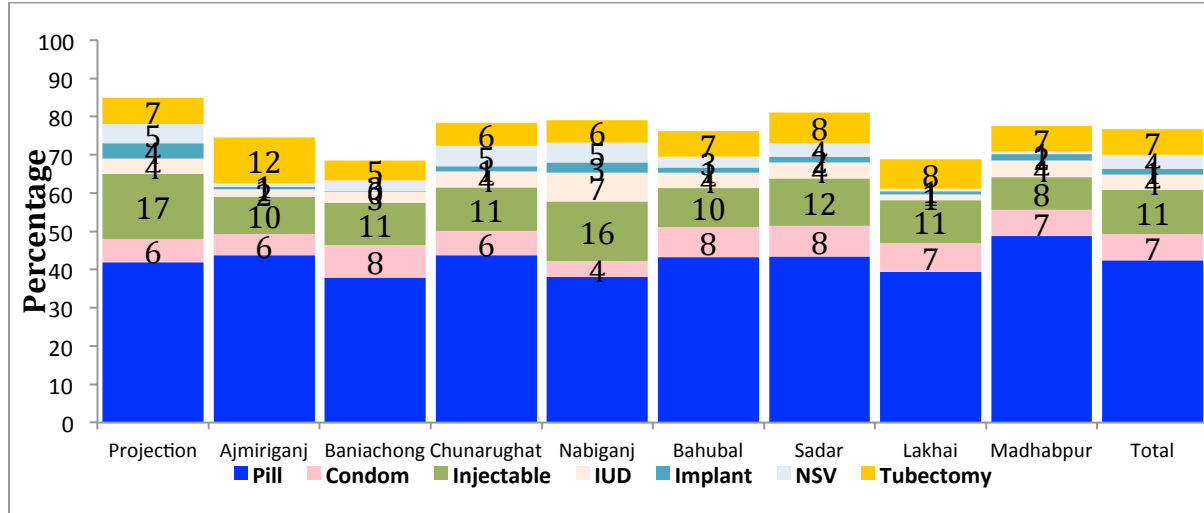


Figure 10: December 2012 contraceptive acceptance of eligible couples

LAPM share is 16% which is lower than 20% projected by DGFP. MaMoni is working with different stakeholders (UP, community volunteers, CAG, TBAs) to promote uptake of LAPM.

MaMoni supported LAPM in Habiganj

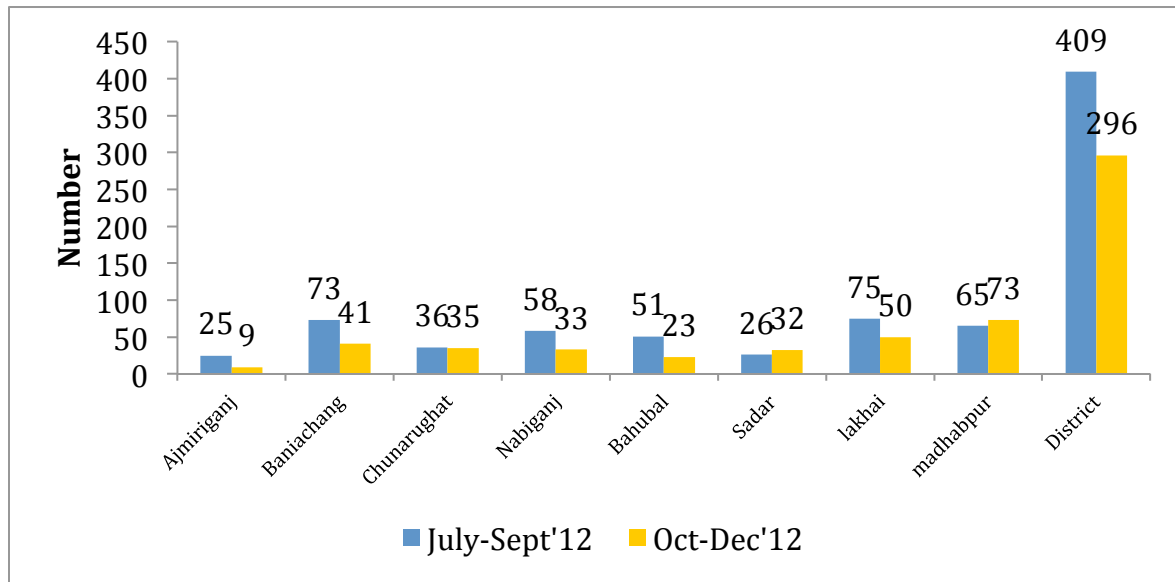


Figure 11: MaMoni volunteers' contribution to LAPM (in numbers) in last six months

Because of Eid and Puja holidays as well as winter, LAPM performance was lower in the last quarter than before.

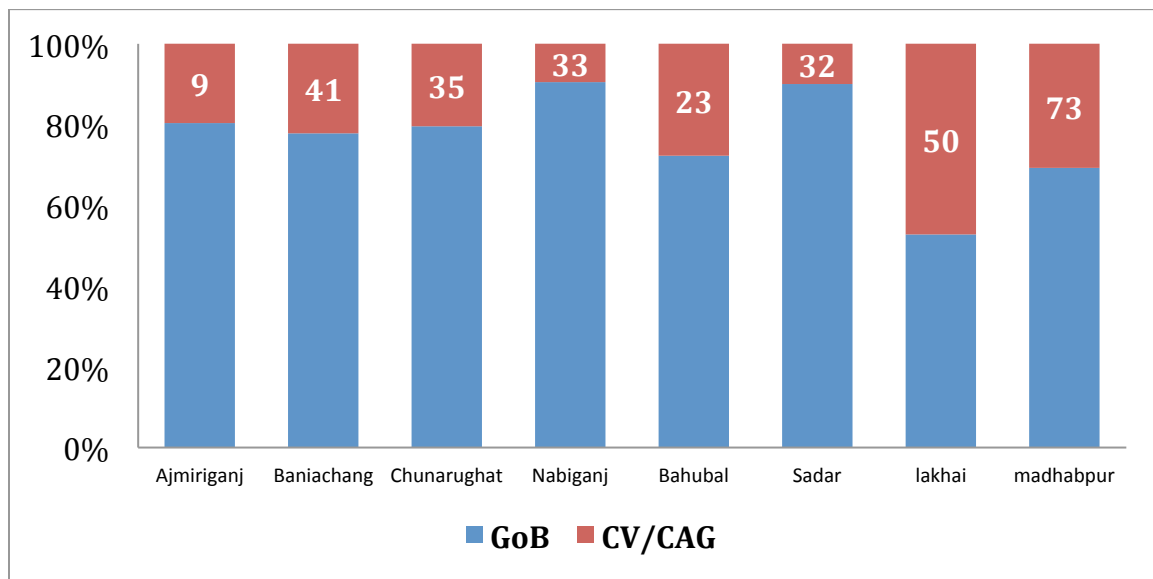


Figure 12: Proportional contribution of GoB field workers and community volunteers in terms of referral for LAPM (figures shown are numbers) October - December 2012

Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy

community MicroPlanning meetings held to increase service coverage

MaMoni facilitates *community MicroPlanning* at the unit level where the CHWs, FWAs, HAs and community volunteers jointly develop action plan to ensure universal coverage at the unit level. Volunteers from selected villages attend the meetings and share their village level information. The data from all the *community MicroPlanning* meetings in a union are compiled in a follow up meeting with the union level supervisors, FWV and other service providers to develop a single complete MIS. The two following charts show the status of the *community MicroPlanning* meetings and union follow up meetings.

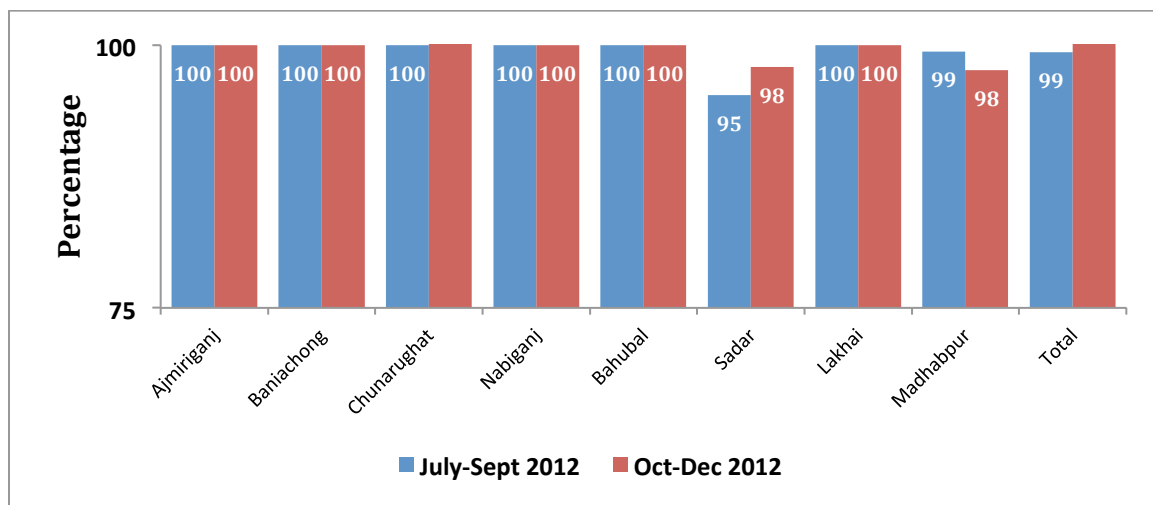


Figure 12: Percentage of units where *community MicroPlanning* meetings were held

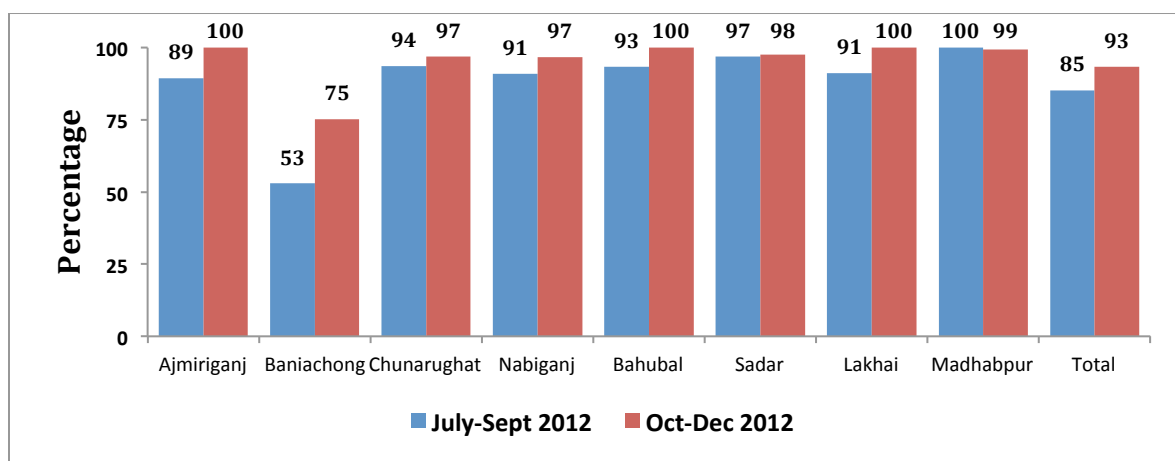


Figure 13: percentage of meetings where HA were present

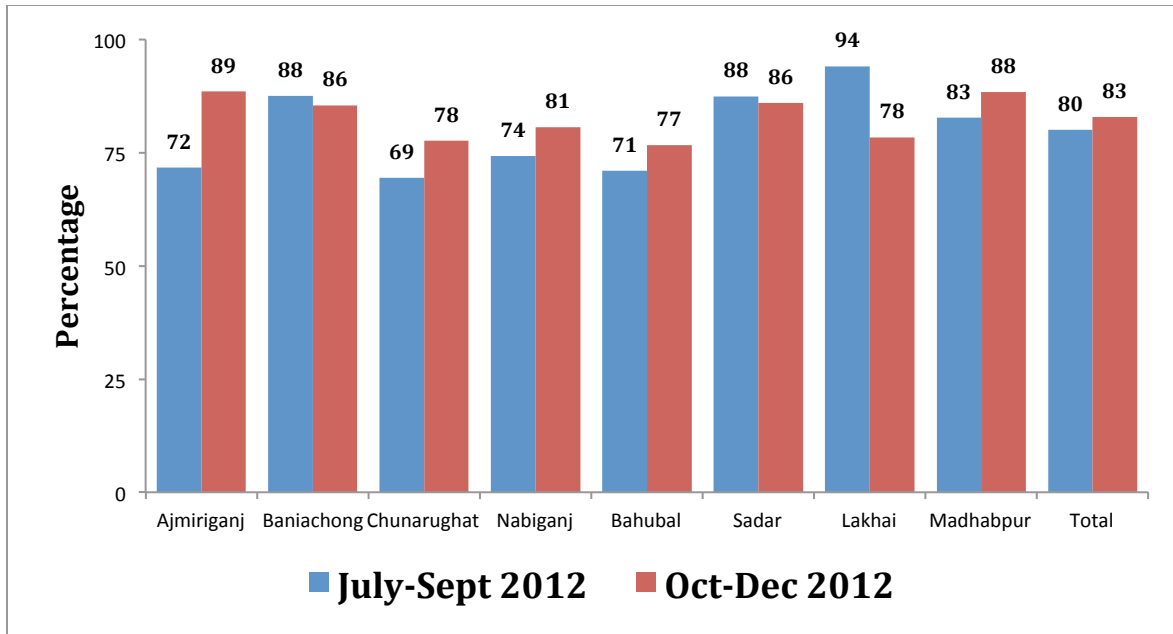


Figure 14: percentage of CMP meetings where FWA were present

The CMP meeting performance shows that it is now being accepted by the government as a tool for improving coverage and MIS system.

Objective 5: MOBILIZE COMMUNITY ACTION, SUPPORT AND DEMAND FOR THE PRACTICE OF HEALTHY MNH BEHAVIORS

Community Action Groups (CAGs) being conducted by volunteers

As of December 31, 2012, 1,999 community action groups (95% of project target) have been formed in Habiganj. 86% of 2,245 villages now have a CAG.

MaMoni is working with 6,905 volunteers who organize the monthly CAG meetings. 71% of them are female.

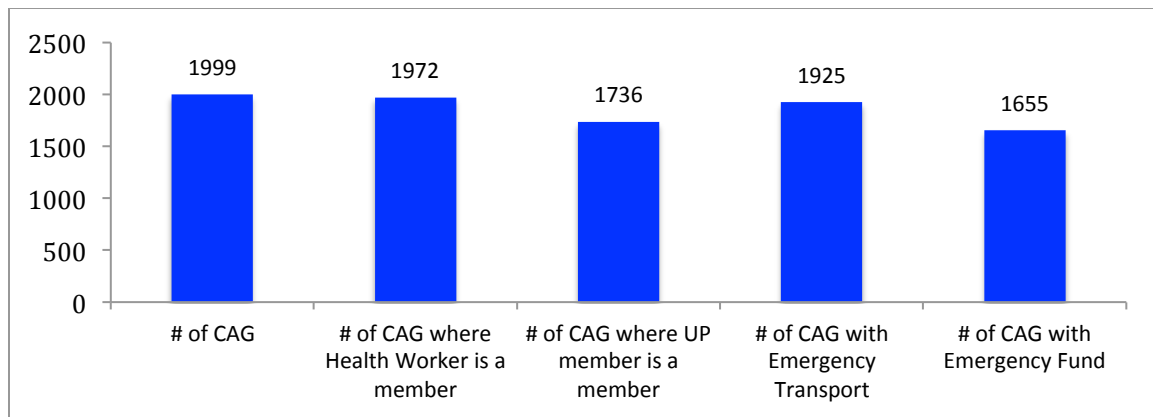


Figure 15: A snapshot of community mobilization as of December 2012

Community Action Groups of Habiganj have a collective emergency fund of BDT 971,827 as of December 2012 available to be used in maternal and newborn emergencies, including referral, medicine and other costs.

Local Government engaged in community mobilization activities

MaMoni supported union education, health and FP standing committees. The committee meets every two months and allocated budget for MNH-FP activities.

MaMoni is planning to train union parishads on MNH issues and their responsibilities using a two half-day curriculum. The training will begin from February 2013, and will cover all 77 union parishads of Habiganj. The curriculum is being finalized at this time.

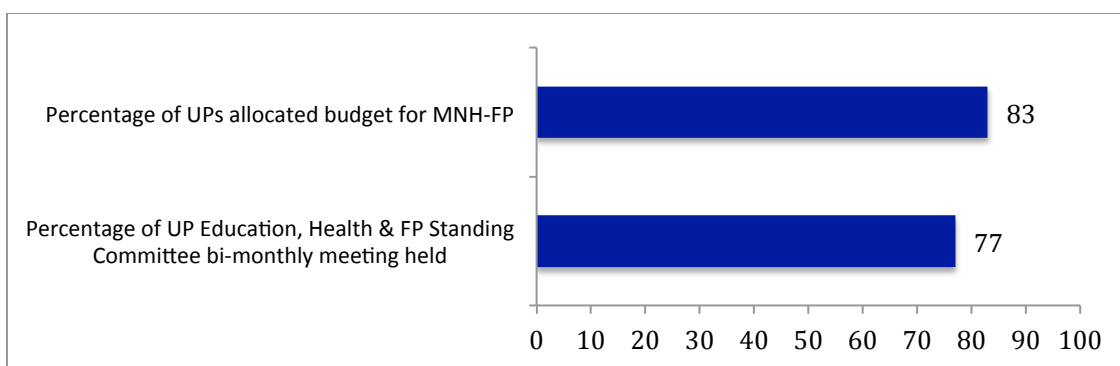


Figure 16: Union Parishad activities in the first quarter of FY'13

Case Study: UP engagement ensures services to Paharpur Community Clinic



Badalpur union of Ajmiriganj, home of 24,000 population, has two community clinics as the only health facilities. Two others are planned but do not exist. Paharpur community clinic was abandoned since 2001 and badly damaged by rising waters of Kalni river nearby until MaMoni Field Support Officer, Barun Sarker, in 2011 advocated to the union parishad to invest there. The union parishad allocated budget and solicited donation from community to renovate the clinic. They provided furniture, water supply and toilet facilities so that the FWA and HA could begin services there. In 2012, RCHCIB deployed a CHCP and now the clinic regularly provides service to 50 clients a day.

Most of the mothers of the village had to cross a precarious canal to reach the clinic. The community group (CG), activated by MaMoni, requested the local Member of Parliament to construct a bridge. The bridge was completed in late 2012.

Sushenjit Chowdhury, Chairman of Badalpur Union Parishad credits Barun for sensitizing them. He said, “we did not know where to invest, and now MaMoni has shown us the way”. He allocated BDT45,000 this year for MNH issues.

MaMoni, with support from Save the Children UK, is building a \$140,000 brand new Union Health and Family Welfare Center in Badalpur union. Three land donors pooled their land together so that the clinic can be built. The clinic will open in August 2013.



Abandoned Paharpur CC in 2011	Paharpur CC in 2013
	
pregnant women had to cross the canal in a precarious bamboo bridge before	A trained CHCP now ensures services in the CC six days a week

Objective 6: INCREASE KEY STAKEHOLDER LEADERSHIP, COMMITMENT AND ACTION FOR THESE MNH APPROACHES

Global Hand washing day observed (October 15, 2012)

Unilever provided one years supply of liquid hand soaps to 12 health facilities on occasion of global hand washing day.

Important stakeholder visits

Between 18-20 November, MCHIP Brand Ambassador eminent and popular vocalist Samina Choudhury visited MaMoni project. She visited several project sites and widely interacted with service providers and community members listening to the issues and challenges they encounter in their day to day lives. Samina appreciated the impressive changes that are being engendered through local initiatives while debriefing a group of local journalist at the last leg of her visit.

Yukie Yoshimura and Dr. Md. Tajul Islam from JICA visited MaMoni working areas during 13-14 November, 2012. They visited the renovated UH&FWCs and observed service provision at the facility. The team also observed postnatal care counseling session, conducted by Family Welfare Assistant at Baniachong Upazila and a Community MicroPlanning meeting participated by FWAs, HAs and Community Volunteers.

Key Activities for Jan-March 2013 (2nd Quarter)

MaMoni plans the following activities in the next quarter

1. Training of FWVs on PE/E management (January)
2. Training of Union Parishads on MNH issues and their role (February)
3. Renovation of East and West Boro Vakoir UH&FWCs (February)
4. Training of 3rd batch of private C-SBAs (February)

Conclusions

This was the first quarter of the last year of MaMoni. Slight downhill trend in some of the indicators related to field implementation are being reviewed and appropriate corrective measures are being taken. Preparations are initiated to start several process documentations will be planned and undertaken during the upcoming quarter to summarize lessons learnt from MaMoni.

Annex 1: Operational Plan Indicators (October-December 2012)

SI	Indicator	FY13 Target	Achievements
A	Standard Indicator		
1	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	44,025	12,411 (28%)
2	Number of deliveries with a skilled birth attendant (SBA) in USG- assisted programs	17,004	4,906 (29%)
3	Number of injectables provided through USG supported programs to prevent unintended pregnancies	94,445	20,178 (21%)
4	Number of people trained in maternal/newborn health through USG-assisted programs	13,953	5,652 (41%)
	Women	8,340	4,160
	Men	5,613	1,492
5	Number of people trained in FP/RH with USG funds	13,953	5,652 (41%)
	Women	8,340	4,160
	Men	5,613	1,492
B	Custom Indicators		
1	Number of ELCOs in MaMoni intervention areas	421,546	374,390 (89%)
2	Number of pregnant women identified and registered	80,498	19,544 (24%)
3	Number of pregnant women of 3 rd trimester received misoprostol	34,107	11,474 (34%)
4	Number of institutional deliveries	12,555	3,439 (27%)
5	Number of villages in MaMoni intervention areas that have a Community Action Group	3,757	3,458 (92%)
6	Number of Community Action Groups that have representation from the nearest health facility	5,028	4,637 (92%)
7	Number of Community Action Groups with an emergency transport system	5,028	4,788 (95%)
8	Number of Community Action Groups with an emergency financing system	5,028	4,048 (81%)
9	Number of units where <i>Community MicroPlanning</i> meetings were held	7,872	1,912 (24%)
10	Number of Joint Supervisory Visits (JSV) conducted	540	93 (17%)

Annex 2: Document produced

With the help from a local consultant MaMoni developed a manual providing a framework to facilitate working with local government particularly the union and upazila parishads.